## 2019 ORDER FORM SEEDS AND ACCESSORIES W.H.PERR®N 99

BILLING ADDRESS Customer #:	SHIPPING ADDRESS Same as billing address
Family Name: Name: Name: Name:	Family Name: Name: Name: Address:
City:	City:
Province: Postal code:	
Telephone: ( ) Fax: ( )	Telephone: ( ) Fax: ( )
E-mail :	_
	METHOD OF PAYMENT
Make Cheque or money order payable to	
W. H. Perron. (no post-dated cheque)	Month Year
DO NOT FAX YOUR ORDER, If payment is made by cheque or money order. Mail to: W.H.PERRON, 2914 Cure-Labelle blvd, Laval, Quebec H7P 5R9	Exp. Date  3 digit SeCurity Code (back of card)
* Credit card will be charged upon receipt of order. **No C.O.D. orders will be accepted.	Cardholder signature:

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## PLEASE NOTE: SPECIAL PRICING FOR QUANTITIES OF 3 OR MORE IS FOR THE SAME CODE, VARIETY AND COLOUR ONLY. <u>DO NOT MIX AND MATCH</u>.

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